
GDE Application
Reference Number

Date Received



ADDITIONAL INFORMATION FORM

Telephone: 011-7824937
Fax: 011-8884895

1 Thibault Street
Roosevelt Park

PO Box 48927
Roosevelt Park
2129

Website: www.roosevelthighschool.co.za

Thank you for choosing Roosevelt High School as a possible school for your child. Before completing this form, please take note of the following:

DOCUMENTATION REQUIRED FOR REGISTRATION:

- Fully completed and signed "Additional Information" document
- GDE reference number (<https://www.gdeadmissions.gov.za/Home/Index>)
- Certified copy of UNABRIDGED Birth Certificate of learner as well as the original for verification purposes
- Certified copy of latest report
- Certified copies of both parents/legal guardians' ID documents. As well as the originals for verification purposes.
- Certified copy of Divorce and Maintenance Agreement (if applicable).
- Certified copies of death certificate if parent/s is/are deceased.
- Certified copy of the Court Order granting Legal Guardianship (if applicable).
- Proof of residence in our area: COJ utility bill/Deed of Sale (NO exceptions will be made). If renting: a copy of the lease agreement plus the utility bill and ID document of the Lessor
- Proof of permanent work address for both parents/legal guardians. With a salary slip AND bank statement for BOTH parents into which the salary is paid.
- Certified copies of current passports for parents/legal guardians and learner (Immigrants only).
- Certified copy of the learner's current Study Visa (Immigrants only).
- No faxed or e-mailed documents will be accepted.

Should any of the documentation submitted be found to be fraudulent, we reserve the right to cancel the application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!



ENROLMENT FORM - 2021

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No



DATE: 5 MAR 2020

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: ☐ RSA ☐ Other: _____

Religious denomination: _____

Gender: ☐ Male ☐ Female

Ethnic group: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Learner's language preference: ☐ Afrikaans ☐ English
☐ Other: _____

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2021 : _____

Years in grade for 2021 : _____

Years in phase for 2021 : _____

Pre-primary education attended: ☐ Formal ☐ Informal
☐ Other: _____

Registered for social grant: ☐ Yes ☐ No

Receives social grant: ☐ Yes ☐ No

Benefit from school nutrition programme: ☐ Yes ☐ No

Learner resides in a hostel: ☐ Yes ☐ No

Name of hostel: _____

Method of transport: ☐ Private ☐ Taxi ☐ Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____ Waiting list: ☐ A ☐ B

Register class: _____ Number on waiting list: _____

Admission number: _____ ID copy: ☐

Transfer card: ☐

Report card: ☐

Birth certificate: ☐

FAMILY INFORMATION

Family status: ☐ Both parents ☐ Single parent - Unmarried

☐ Foster care ☐ Childrens home ☐ Single parent - Divorced

☐ Other ☐ Re-composed ☐ Widow/Widower

Parents deceased: ☐ Mother ☐ Father ☐ None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : ☐ Yes ☐ No

Learner attended school last year: ☐ Yes ☐ No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Communication preference: ☐ SMS ☐ E-mail
☐ Mail ☐ By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Non-Professional
☐ Own Employer Professional
☐ House wife ☐ Part time
☐ Contract worker ☐ Pensioner
☐ Student ☐ Temporary
☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: ☐ Yes ☐ No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Communication preference: ☐ SMS ☐ E-mail
☐ Mail ☐ By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Non-Professional
☐ Own Employer Professional
☐ House wife ☐ Part time
☐ Contract worker ☐ Pensioner
☐ Student ☐ Temporary
☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: ☐ Yes ☐ No

DECLARATION BY PARENT / GUARDIAN

I, _____ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 2020.

Signature of Parent / Guardian: _____

ACCOUNTABLE PERSON'S INFORMATION☐ Biological Parent 1☐ Biological Parent 2☐ Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____Communication preference: ☐ SMS ☐ E-mail☐ Mail ☐ By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Roosevelt High School and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Roosevelt High School is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
4. Payment of school fees to Roosevelt High School will be made as follows:
(Please tick the applicable block with a cross)

☐ A Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
☐ B Payment over 10 months.
☐ C Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
5. I / We are aware of the application process for exemption of school fees for 2021 and if exemption is required, we will complete the relevant application form.
6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. I choose the following address as my *domicilium citandi et executandi* for delivery or serving of any notices or pleadings.
Residential address (Not a postal address):

9. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organised activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Roosevelt High School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____



SUBJECT CHOICES FOR GRADE 10, 11 AND 12.

ENGLISH, AFRIKAANS, LIFE ORIENTATION (Compulsory)

Choose ONE of the following subjects

MATHEMATICS	
Or	
MATH LITERACY	

Choose THREE of the following subjects:

Geography	
Consumer Studies	
Accounting	
Physical Science	
Business Studies	
Life Science	
History	
Computer Applications Technology	
Religion Studies	
Hospitality Studies	
Tourism	
Design	
Sports and Exercise Sciences	
Engineering Graphic Design	
Visual Arts	

PLEASE NOTE: AN ADDITIONAL LEVY WILL BE PAYABLE PER ANNUM FOR CONSUMER STUDIES, DESIGN, HOSPITALITY STUDIES AND COMPUTER APPLICATIONS TECHNOLOGY AND EGD, SPORT AND EXERCISE SCIENCE AND VISUAL ARTS. THIS SHOULD BE SETTLED BEFORE CLASSES COMMENCE IN JANUARY.

SIGNATURE OF PARENT/GUARDIAN

NAME

DATE:



PAYMENT OF SCHOOL FEES

Public school fees are a statutory duty in terms of the South African Schools Act No. 84 of 1996. The school fees for 2020 are R33 000 (Grade 8) and R30 500 (other grades). An increase of approximately 10% on school fees is expected for 2021.

TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES
SCHOOL FEES ARE COMPULSORY AND PAYABLE IN ADVANCE.

I, _____ hereby commit to the payment of all school fees due by me.

PLEASE INDICATE THE METHOD OF PAYMENT BY TICKING THE APPROPRIATE BLOCK BELOW:

PAY IN FULL BEFORE JANUARY OF YEAR OF INTAKE (DISCOUNTED AMOUNT)

YES	<input type="checkbox"/>	NO
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PAY MONTHLY OVER TEN MONTHS (JANUARY TO OCTOBER by debit order)

YES	<input type="checkbox"/>	NO
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A partial or full concession may be considered on application and after full disclosure and a review of your financial circumstances. Should information be withheld, concession will not be granted.

TO BE COMPLETED BY THE PARENT / LEGAL GUARDIAN: (COMPULSORY)

I, _____

1. Hereby give permission for my child _____
to participate in the normal sporting and cultural activities of the school. I realise that no claim can be made against the school for injuries or articles of clothing and equipment that may be lost or damaged.
2. I will support the policy of the GDE with regard to compulsory attendance at school and extra-mural activities and will not ask for permission to extend vacations or make doctor's, dentist's or driving license appointments for my child during school hours.
3. I accept that if this application is successful it will be in terms of the general conditions governing admissions and the school's code of conduct.
4. I understand that supplying false information on this form constitutes fraud. Fraudulent applications will be removed from the school's waiting list.
5. I acknowledge that Roosevelt High school is a Quintile 5 school and does not receive sufficient funds to provide learners with text books.
6. **I acknowledge that any information found to be falsified will result, as per School Admissions Policy, in deregistration with immediate effect .**
7. My child and I have read the School's Code of Conduct (downloadable from the website) and have signed and agreed to the stated document.

SIGNATURE : _____

DATE : _____

Telephone: (011) 782 4937/8
Fax: (011) 888 4895
P.O. Box 48927
Roosevelt Park, 2129
E-mail: info@roosevelthighschool.co.za



Roosevelt High School

Thibault Street
Roosevelt Park ext. no. 1
Johannesburg
2195

AUTHORITY TO DEBIT ACCOUNT

Date : _____

To : Roosevelt High School, P O Box 48927, Roosevelt Park, 2129

Abbreviated name as it will appear on your bank statement : **REHROOS**

Learners at Roosevelt High School

1. Name: _____ Gr. _____ Year _____

2. Name: _____ Gr. _____ Year _____

3. Name: _____ Gr. _____ Year _____

School account no. _____

The details of my bank account are as follows:

Surname and Name : _____ Mr/Mrs/Ms _____

Bank : _____ Branch : _____

Branch code :

--	--	--	--	--	--

Account no :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell no : _____ (h) _____ (w) _____

Employer's name : _____

Email address : _____

I.D. no :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Account : 1. Cheque ☐ 2. Savings ☐ 3. Transmission ☐

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our above-mentioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows i.e. on the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; ii. monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number must be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you.

I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. A penalty of R200 will be charged to my account in the event of the debit order being returned.

Payment instructions due in December and/or April may be debited against my account on

_____.

A. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

B. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

C. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20 _____.

Signature as used for operating on the account